

Texas Department of Criminal Justice
Crime Victim's Election to Allow Public Access to Information

THIS FORM IS CONFIDENTIAL

The TDCJ may have information about you that would identify or tend to identify you as a victim of crime, including a photograph or other visual representation. Ordinarily, information identifying you as the victim of a crime is confidential for three years after the date of the crime. You may choose to make that information public now, or you may choose to make that information confidential forever.

Some information is public information even if you are the victim of a crime (e.g., the fact of your TDCJ employment, employment location, salary, and other information possessed by the TDCJ in connection with your employment that does not reveal that you are the victim of a crime).

Some information is confidential even if you are not the victim of a crime (e.g., your home address, home telephone number, social security number, the number of people in your family and their names, and information that reveals whether you have a family).

Please answer the following questions to make your choice.

1. Have you suffered physical or mental harm as a result of the criminal conduct against you? ☐ Yes ☐ No

If your answer to this question is no, stop here. You do not need to complete this form.

2. You must make this choice within three years of the latest following date.

Date of Crime:	
Current TDCJ Date of Hire:	
Date form (PERS 501) was developed:	9/1/03

If all of the dates listed above occurred more than three years prior to the date you are filling out this form, stop here. You do not need to complete this form.

3. Do you want your photograph or other visual representation, or other information identifying you as a victim of crime, to be public information? ☐ Yes ☐ No

If you answered yes, your photograph or other visual representation shall be public information if it is requested. If you answered no, your photograph or other information identifying you as the victim of a crime shall be confidential.

Employee Name: _____ SSN: _____
(Print) Last First MI

Signature: _____ Date of Signature: _____
(Employee or Employee's Guardian) (mm/dd/yyyy)

Employee Instructions: Upon completion of this form, mail to the Employee Services Section - Records; TDCJ Human Resources Division, 2 Financial Plaza, Suite #600, Huntsville, TX 77340-3558.

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

Employee Services Section - Records, Human Resources Division

Name: _____ Date Received: _____
(Print) Last First MI (mm/dd/yyyy)

Signature: _____ Date of Signature: _____
(mm/dd/yyyy)

Distribution:

Original – Employee Copy - Employee Master Human Resources File Copy - Employee Unit/Department File (Activity Section)
PERS 501 (09/10)